PRINTED: 04/29/2011 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A PUBLISHED R WING HFD12-0040 04/19/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE **CARLS PLACE** WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG 1 000 Allegation 1-9 1000 INITIAL COMMENTS All Physician Orders and MAR's were signed by the primary care physician on 4/20/2011 and filed. There have been 5/31/2011 On April 18, 2011, the State Surveying Agency Nutritional evaluations for all Individuals at Carl's Place. Carl's Place has also consulted with a psychologist to ensure (SSA) received a complaint notification from the that all Individuals have current BSP's. At the time of the Mid-Atlantic Coordinating Center of Washington allegations Mid Atlantic Coordinating Center of Washington DC. The complaint identified the following was the contracted agency providing the foursing oversight concerns: to the TME during the review period. Mid Atlantic Coordinating Center of Washington, DC voided the contract Allegation #1: General mis-management of when they refused to administer the medication. Carl's Place has hired a new nursing team (RN, LPN). The medications including medication documentation. team meets monthly with the administrative management team. The nursing team reviews all medical records bi-Conclusion: The allegation was partially weekly and provides the CEO with updates on the medical substantiated. See I 500 status of the residents. Completion Date: May 12, 2011 Carl's Place has hired a Quality Assurance Coordinator to Allegation #2: Lack of current physician orders provide monitoring and systemic reviews of the records biweekly. Completion Date: May 12, 2011 related to psychotropic medication. The Administrative team meets monthly to review QA Conclusion: This allegation was substantiated. monitoring reports and address corrective action plans. Completion Date : May 12, 2011. Carl's Place has developed See i 500 Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. Allegation #3: Lack of current physician orders The administrative team is in the process of revising the related to non-psychotropic medications. policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all Conclusion: This allegation was substantiated. residents. Completion Date: June 30, 2011. Carl's Place has made the following systemic changes to ensure that Allegation #4: Lack of appropriate diet orders, the residents affected in the deficient areas are not and nutritional assessments. repeated: Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Conclusion: This allegation was partially Assurance Coordinator conducts monthly monitoring reviews substantiated. See #1043, #1412. to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals Allegation #5: Lack of having proper have been hired to oversee the Health and Wellness of the documentation Behavior Support Plan (BSP) Residents. The team consists of RN, LPN, Dietitian and before psychotropic medications are Behavior Specialist. Carl's Place has instituted monthly administered.

leath Regulation Administration Hutchen

substantiated.

Conclusion: This allegation was not

Allegation #6: Allowing an unmonitored trained

medication employee (TME) to give medication in

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality

Assurance, and Residential Director to review policies and

procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as

outlined in their ISP's. A Quality Assurance Coordinator has

been hired to provide oversight in the affected areas. The

Health F	Regulation Administra	ration				FURM	APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MUL A. BUILDI B. WING		1	ETED
		HFD12-0040				04/1	9/2011
NAME OF F	PROVIDER OR SUPPLIER	,			Y, STATE, ZIP CODE		
CARLS	PLACE		WASHING	COMB ST, GTON, DC	SE 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(XS) COMPLETE DATE
1 000	Doth facilities even though management was told on numerous occasions that the medications were possibly incorrect. Conclusion: This allegation was substantiated. See I 500 Allegation #7: Gross lack of managerial responsibility, oversight and accountability for residents in their care Conclusion: This allegation was substantiated. See Deficiencies cited throughout this report. Allegation #8: Failure to provide safe medical environment to entrusted individuals and;			1 000	Quality Assurance Coordinator conducts monthly mo reviews to ensure the agency meets compliance for State, and local requirements. Carl's Place has institut monthly administrative/management team meetings consists of the RN, LPN, Administrative Coordinator, Quality Assurance, and Residential Director to review and procedures and conduct quality assurance reviewensure compliance and that the residents are received services as outlined in their ISP's.		Federal, ited is that CEO, w policies ws to
<u> </u>	•	allegation was substar	ntiated.				
	Allegation #9: Lack	_				i	
į	Conclusion: This all substantiated.	legation was not				į	
	review, Health Regu	ed from the administra ulation and Licensing LA) initiated an on-sit					:
	interviews with direct management staff, a and administrative or investigation include incident management.	investigation were bact care staff, the agen and a review of the m records. Additionally, ed a review of the facent system. The investigations of that the allegations of tially substantiated.	ncy's medical /, this cility's				

Health	Regulation Administr	ation				FORM	APPROVED	
STATEMEI AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HFD12-0040	ERICLIA IMBER:	(X2) MUI A. BUILD B. WING		(X3) DATE SURVEY COMPLETED C		
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY	STATE ZIP CODE	04/1	9/2011	
CARLS	PLACE		404 NEW	ET ADDRESS, CITY, STATE, ZIP CODE NEWCOMB ST, SE HINGTON, DC 20032				
(X4) ID PREFIX TAG	: (EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	CHIL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD RE	(XS) COMPLETE DATE	
1042	042 Continued From page 2			1042	TAG 1 042	5/31/11		
l 042	42 3502.2(b) MEAL SERVICE / DINING AREAS		REAS	042	Carl's Place staff will be re-trained	by the dietician		
	Modified diets shall				regarding the residents' diets and Additionally the dietician will obser preparation. Carl's Place will ensur	ve staff during m	eal ed	
	who have received and	ed, and served by ind instruction from a die	titian;		by the dietician regarding planning serving meals. Carl's Place has hire Assurance Coordinator to provide a systemic reviews of the records bi-	y, preparing and ed a Quality monitoring and		
ļ	This Statute is not met as evidenced by: Based on interviews, as well as review of station-service training records, the facility failed the ensure that modified diets were planned, prepared, and served by individuals who had received instruction from a dietitian. (Reside #1, #2, #3, #4 and #5)		f staff led to		Date: May 12, 2011. The Administ monthly to review QA monitoring r corrective action plans. Completic 2011. Carl's Place has developed S Procedures for the day-to-day over Healthcare issues in the affected de administrative team is in the proces	rative team meets eports and addre on Date: May 12, tandard Operating sight of Nursing/ eficit areas. The ss of revising the	s ss	
_ i	The findings include	:			policies, training staff, and develop practices to ensure the deficit area	s do not occur ag	ain	
	Interview with the direct care staff on April 19, 2011 at approximately 4:06 p.m., revealed all the residents had been prescribed a 1800 calorie diet with the exception of Resident #1. According to the direct care staff, Resident #1 had been prescribed a 2200 calorie diet. Observation and interview on the same evening revealed beef stroganoff and vegetables were being served. The direct care staff revealed that residents would also be served 2% milk, which was observed to be in the facility's refrigerator. It should be noted that the direct care staff was observed using a beef stroganoff seasoning packet, observation of the back of the package revealed the seasoning contained 500 mg of sodium.			for all residents. Completion Date: Quality Assurance Coordinator has provide oversight in the affected ar Assurance Coordinator conducts me reviews to ensure the agency meet Federal, State, and local requireme Health Care Professionals have bee the Health and Wellness of the Res consists of RN, LPN, Dietitian and B Carl's Place has instituted monthly administrative/management team no of the RN, LPN, Administrative Coor Quality Assurance, and Residential policies and procedures and conduc reviews to ensure compliance and to are receiving services as outlined in	been hired to reas. The Quality conthly monitoring is compliance for ints. A team of in hired to oversed idents. The team dehavior Specialist ineetings that contributor, CEO, Director to review it quality assurance that the residents	e		
ļi	eceive skim milk. R	o's menus revealed of 1800 calorie diets deview of the resident aled physician orders	's					

Health Regulation Administration FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING C HFD12-0040 04/19/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST. SE **CARLS PLACE** WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (25) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) 1042; Continued From page 3 TAG 1 043 (1-3) 1042 5/31/11 April 2011 which verified the prescribed diets and Carl's Place will ensure that all nutritional evaluations are also revealed that they were prescribed low completed quarterly. Staff will be trained on all specialized sodium diets. diets. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records Review of the GHPID's training records on April bi-weekly. Completion Date: May 12, 2011. The 19, 2011 at approximately 10:53 a.m., revealed Administrative team meets monthly to review QA monitoring the most current training entitled "menus" was reports and address corrective action plans. Completion scheduled on November 10, 2010. Review of the Date: May 12, 2011. Carl's Place has developed Standard sign-in in-service sheet revealed there was no Operating Procedures for the day-to-day oversight of signature identifying the trainer nor was there an Nursing/ Healthcare issues in the affected deficit areas. The agenda. At the time of the survey, there was no administrative team is in the process of revising the policies, documented evidence that the staff had received training staff, and developing procedural practices to ensure instructions/training from a dietician before the deficit areas do not occur again for all residents. planning, preparing and serving meals. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the 1 043 3502.2(c) MEAL SERVICE / DINING AREAS affected areas. The Quality Assurance Coordinator conducts 1043 monthly monitoring reviews to ensure the agency meets Modified diets shall be as follows: compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to (c) Reviewed at least quarterly by a dietitian. oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management This Statute is not met as evidenced by: team meetings that consist of the RN, LPN, Administrative Based on interview and record review, the group Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct home for persons with intellectual disabilities (GHPID) failed to ensure that the resident's quality assurance reviews to ensure compliance and that the modified diet was reviewed at least quarterly by residents are receiving services as outlined in their ISP's. A the consulting dietifian for three of the three Quality Assurance Coordinator has been hired to provide residents included in the sample. (Residents #2, oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure #3, and #5) the agency meets compliance for Federal, State, and local The finding includes: requirements. Carl's Place has instituted monthly administrative/management team meetings that consist of 1. Review of Resident #2's medical record on the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and April 19, 2011 at approximately 12:33 p.m. revealed the most recent Nutritional Evaluation procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as was a "Quarterly Nutritional Follow-Up" dated July outlined in their ISP's. 16, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low

sodium. The nutritional quarterly also revealed

Health	Regulation Administra	ation				FORM	APPROVED
STATEME! AND PLAN	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040			(X2) MULT A. BUILDIN B. WING _	IPLE CONSTRUCTION IG		ETED C
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	MOSES CITY	STATE, ZIP CODE	04/1	9/2011
CARLS			404 NEW	COMB ST, S STON, DC 2	E		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE IE APPROPRIATE	(XS) COMPLETE DATE
	Continued From parties resident weight of 200 lbs. The resident's weight Resident #2 was two body weight as of M. At the time of the surensure Resident #2 at least quarterly. 2. Review of Resident #2' at least quarterly. 2. Review of Resident #2' at least quarterly. 2. Review of Resident #2' at least quarterly. 3. Review fat, low sometritional quarterly aweighed 182 lbs with lbs. The surveyor all weight chart which remineteen (19 lbs) over April 2011. At the time of the surensure Resident #3's at least quarterly. 3. Review of Resident #3's at least quarterly. 3. Review of Resident #3's at least quarterly. 3. Review of Resident #3's at least quarterly. 4. Review of Resident #3's at least quarterly. 5. Review of Resident #3's at least quarterly. 6. Review of Resident #3's at least quarterly. 7. Review of Resident #3's at least quarterly. 8. Review of Resident #3's at least quarterly. 9. Review of Resident #3's at least quarterly. 10. Review of Resident #3's at least quarterly. 11. Review of Resident #3's at least quarterly. 12. Review of Resident #3's at least quarterly. 13. Review of Resident #3's at least quarterly. 14. Review of Resident #3's at least quarterly. 15. Review of Resident #3's at least quarterly. 16. Review of Resident #3's at least quarterly. 17. Review of Resident #3's at least quarterly. 18. Review of Resident #3's at least quarterly. 19. Review of Resident #3's at least quarterly. 19. Review of Resident #3's at least quarterly. 19. Review of Resident #3's at least quarterly. 20. Review of Resident #3's at least quarterly. 21. Review of Resident #3's at least quarterly. 22. Review of Resident #3's at least quarterly. 23. Review of Resident #3's at least quarterly. 24. Review of Resident #3's at least quarterly. 25. Review of Resident #3's at least quarterly. 26. Review of Resident #3's at least quarterly. 27. Review of Resident #3's at least quarterly.	ge 4 d 226.6 lbs with an iche surveyor also revited chart which revealed enty (20 lbs) over his larch 2011. Invey, the GHPID failes modified diet was a ealed the most recein was a "Quarterty hy 16, 2010. Further aled a diet order for sodium, low cholester also revealed the resion reviewed the record reco	deal body viewed and a ideal body eviewed and a ideal ed to reviewed 1800 rol. The ident at of 160 dent's was ght as of a ideal eviewed eviewed eviewed eviewed body ewed body ewed eviewed body ewed eviewed eviewed body ewed eviewed eviewe	1043			DATE
j f	the resident's weight on the Resident #3 was thirty deal body weight as o	/-seven (37 lbs) over	rher			1	

Health Regulation Administration STATEMENT OF DEFICIENCIES O(1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING C HFD12-0040 04/19/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE **CARLS PLACE** WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1 043 | Continued From page 5 1043 At the time of the survey, the GHPID failed to ensure Resident #5's modified diet was reviewed at least quarterly. **TAG 1 206** 5/31/11 1 208 3509.6 PERSONNEL POLICIES All employees shall have updated health 1206 status. Carl's Place has hired a Quality Each employee, prior to employment and Assurance Coordinator to provide monitoring annually thereafter, shall provide a physician 's and systemic reviews of the records bicertification that a health inventory has been weekly. Completion Date: May 12, 2011 performed and that the employee 's health status would allow him or her to perform the required duties. A new Residential Director has been hired to oversee the day-to-day operations and work with the nursing team to ensure that all personnel files health records status' are updated in a timely manner. Completion Date: May 12, 2011. The Administrative team This Statute is not met as evidenced by: meets monthly to review QA monitoring Based on interview and record review, the group reports and address corrective action plans. home for persons with intellectual disabilities Completion Date: May 12, 2011. Carl's Place has developed Standard (GHPID) failed to show evidence of a physician's Operating Procedures for the day-to-day certification that documented a health inventory oversight of Nursing/ Healthcare issues in the had been performed, for one (1) of five (5) employee records reviewed. (Employee #1) affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural The finding includes: practices to ensure the deficit areas do not occur again. Completion Date: June 30, On April 19, 2011, beginning at 9:50 a.m., review 2011. Quality Assurance Coordinator has of the personnel records revealed a current health certificate, however, there was no been hired to provide oversight in the affected areas. The Quality Assurance evidence that Employee #1 had been certified free from communicable diseases. This was Coordinator conducts monthly monitoring reviews to ensure the agency meets acknowledged by the Program Director on the compliance for Federal, State, and local same day at approximately 11:00 a.m. requirements. Carl's Place has instituted monthly administrative/management team 1394 3520.2(d) PROFESSION SERVICES: GENERAL 394 meetings that consist of the RN, LPN, **PROVISIONS** Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review Each GHMRP shall have available qualified policies and procedures and conduct quality professional staff to carry out and monitor assurance reviews to ensure compliance. lealth Regulation Administration

2CS511

AND PLA	TEMENT OF DEFICIENCIES OPLAN OF CORRECTION (X1) PROVIDER/SUPPLIDENTIFICATION N		VCLIA BER:	(X2) MUL A BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HFD12-0040		B. WING		- с
NAME OF	PROVIDER OR SUPPLIER		STREET AGGS			04/19/2011
	PLACE	1.	ANA NESSA	ESS, CITY	, STATE, ZIP CODE	
~~~~	FLAUE	,	404 NEWC( WASHINGT	ON, DC	SE 20032	
(X4) iD PREFIX	SUMMARY ST	ATEMENT OF DEFINITIONS				
TAG	REGULATORY OR I	T MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI	JLL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLE
1 394	Continued From pa			394	TAG 1 394 (d)	
	necessary profession	onal interventions, in			- *	5/31/11
	I accordance with the	A cosie and abia-willia.	-6		Carl's Place will contact the curn is trained and all individuals will	ent dioticio.
		III (IIII) 90 Matausais	t I		is trained and all individuals will	have accommoders and the consumer staff
	LICOCOSCIA DA ILIGIAL	IRMICHNINGN Issau TL			Services Services I arric black	haa ka a
	Proposition 261 ACE	SE MAY INChirle but not	L			
	: "" " " WO WE SET	VICAS NOWINAA bu isali		İ		
		10 licenced se	ouals		all medical records bi-weekly and updates on the medical state.	no reviews
		IZM ID the following	uy			
	disciplines or areas	of services:	-	ĺ		
	i .					
	(d) Nutrition;					
į			1	1	2011. The Administrative team me monitoring reports and address	eets monthly to
	This Statute is not n	net as evidenced by:	Í			
-	DARKED OU LECOLD LEA	iew and interview the c	SHDID			
_	namen in all sittle 9006	SS to 8 putritionisticlistic	-			
j	as deemed necessa:	IV by the interdicalation.				
i	100 E1111 (IVE (3) (3) (3)	NA 11VA /5) regidente				
1	in the facility. (Resid	ents #1, #2, #3, #4, and	#5)	F	olicles, training staff, and develop o ensure the deficit areas do not	ing procedural practices
			,	<u>                                     </u>	o ensure the deficit areas do not o	OCUr again for all
	The findings include:					
•	The CHOID Colors					
: : •	415 and 45) had to (	ensure (Residents #1,	#2,			
• •	#3, and #3) ⊓ad acce [See 0412]	ss to a nutritionist/dietic	dan.			
	[voe v+ 12]	•		A	eets compliance for Federal, State team of Health Care Professional	, and local requirements.
1205	2500.04 1.5			OV	team of Health Care Professionals	have been hired to
י טשט	DOLUZ(e) PROFESSI	ON SERVICES: GENE	RAL   139	5 CO	ersee the Health and Wellness of Insists of RN. I PN. Digitize and R	the Residents. The team
	PROVISIONS			Pla	ce has instituted monthly administration	navior Specialist. Carl's
	Fach CUMAN -4			tea	m meetings that consist of the pa	trative/management
ء سِ ز	-eui Uninky shali ha Ymfessional at-# :	ave available qualified				
} F	voice22iOliffi 25회1 10 C	BITY Out and monitor			THE PARTY OF THE PROPERTY OF T	d
	lecessary professiona	il interventions, in				
í ¢i	icorrect will the g	oals and objectives of	ery			
**	CONTRACTOR REPORTED DESCRIPTION OF THE PROPERTY OF THE PROPERT	Man as determined to b	xe			
2.5	Processia na file filigia	DRCININGRY teams. The	1			
i P	mited to these services p	may include, but not be	]			
j in i	rimed to, utose servic	es provided by individua	als			
64'	awan dagunga, and i	ICENSED AS required by	1			
	istrict of Columbia law sciplines or areas of	M ID the inflowing		adm.	nistrative/management team mee	tion that
			L L	4	· · · · · · · · · · · · · · · · · · ·	

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING HFD12-0040 04/19/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE **CARLS PLACE** WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY the RN, LPN, Administrative Coordinator, CEO, Quality i 395 Continued From page 7 1395 Assurance, and Residential Director to review policies and (e) Nursing; procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as This Statute is not met as evidenced by: outlined in their ISP's. Based on observation, interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure the provision of nursing services in accordance TAG 1 395 (e 1-3) 5/31/11 with the assessed needs of five of the five residents in the investigation. (Residents #1, #2, Mid Atlantic Coordinating Center of Washington, DC failed to #3, #4, and #5). fulfill contract without giving 30 day notice, therefore leaving the individuals without nursing oversight. Carl's Place has since hired a RN and LPN to provide nursing oversight and The findings include: services. Carl's Pace will contract with a new pharmacy that will ensure that all medication orders are correct and The GHPID staff failed to provide nursing current. Carl's Place RN will ensure all physician orders are oversight for all the residents who reside in the signed and dated and processed in a timely manner .Carl's facility. (Residents #1, #2, #3, #4, and Place has hired a new nursing team (RN, LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the 1. Observations on April 19, 2011 between 7:30 residents. Completion Date: May 12, 2011. Carl's Place has am to 8:10 am, revealed Licensed Practical hired a Quality Assurance Coordinator to provide monitoring Nurse #1 (LPN #1) administered medications and systemic reviews of the records bi-weekly. Completion which included psychotropics to Residents #1. Date: May 12, 2011.A new Residential Director has been #2, #3, #4, and #5 as evidenced below: hired to oversee the day-to-day operations and work with the nursing team to ensure medical issues are handled in a timely manner. Carl's Place has developed Standard a. Resident #1- Lipitor 10 mg tablet. Magnesium Operating Procedures for the day-to-day oversight of Gluconate 250 mg tablet, Caltrate 600 mg tablet, Nursing/ Healthcare issues in the affected deficit areas. The Oxcarbazepine 300 mg tablet by mouth and administrative team is in the process of revising the policies, Naflin 1% cream to scalp; training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Quality b. Resident #2 - Divaloroex ER 500 mg tablet. Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator Seroquel 50 mg tablet. Levettraceta 1875 mg conducts monthly monitoring reviews to ensure the agency tablet, Lamictal 150 mg tablet by mouth. meets compliance for Federal, State, and local requirements. Difforasone Diacetate 0.05% and Fluocinonide A team of Health Care Professionals have been hired to Ointment topically: oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist, Carl's c. Resident #3 -Sertraline HCL 50 mg and Place has instituted monthly administrative/management Oxcarbazepine 300 mg tablet by mouth: team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential

d. Resident #4 - Fluoxetine 20 mg tablet, Klor-20

med tablet, Crestor 10 mg tablet, Furosemide 20

2CS511

Director to review policies and procedures and conduct

residents are receiving services as outlined in their ISP's.

quality assurance reviews to ensure compliance and that the

	Requiation Administr			<del>-</del>			
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	vclia Aber:	1	TIPLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		£188 40 00 cc	٠	A. BUILDII B. WING			C
NAME OF	PROVIDER OR SUPPLIER	HFD12-0040				i i	19/2011
					STATE, ZIP CODE		
CARLS	T		WASHIN	COMB ST, S GTON, DC 2	SE 20032		
(X4) ID PREFIX TAG	i (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	21 H C	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(XS) COMPLETE DATE
1 395	Continued From pa	ige 8	-	1 395			
	mg tablet, Gemfibro and Ammonium La	ozil 600 mg tablet by r ctate 12% Cream topi	nouth cally ;				
	e. Resident #5 - Fu	rosemide 20 mg table	t,	ļ			:
-	325 mg, Gabapenti Econazole Cream 1	bilify 5 mg, Ferrous Sin 400 mg by mouth ai	ulfate nd				
							!
	approximately 8:15	#1 on April 19, 2011 a am, revealed the facil	ity had				i
İ	been without a Regi	istered Nurse (RN) to	provide				
ļ	nursing oversite sind	ce Friday, April 15, 20	11.				
	During a telephone i	interview with the					
ĺ	9:35 am, it was conf	ril 19, 2011 at approxi firmed the facility had	mately				İ
j	without a RN to prov	vide nursina oversite s	ince !				
	Friday, April 15, 201	1. Further interview re viewed to provide nur	vealed				!
İ	oversite however a f	iormal contract had no	sing st been				
ļ	signed at the time of	the investigation.	A Decil				
·	2. Review of April 20	011 Medication Admin	istration				
i	Records (MARs) on	April 19, 2011 between the following med	n 8:40				
-	were not available in residents:	the facility for the folk	owing				
	a. Resident #2 - The	erobec plus tabs (vitar	nins);			•	
	b. Resident #3- Lipit	for 10 mg tablet and					
	shampoo and Olovel	Foam 0.05%, Clolopi lasol 0.05 Ointment	rox 1% j				
	Interview with LPN #	1 on April 19, 2011 at				'	I
	approximately 9:35 a	m, revealed he was a	ware				
	Further interview rev	not available in the fa	acility.				
	been ordered from th	e pharmacy and woul	d be				
; ·	delivered to the facilit 2011.	ly on the evening of A	pril 19,			İ	1
1	EU + I .		ļ	1		ļ	ŀ
Ĺ	nterview with the Pro	gram Manager on Ap	ril 19.			1	
	ion Administration		. '	i			- 1

2C8511

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD12-0040 04/19/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE **CARLS PLACE** WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY Continued From page 9 395 1395 2011 at approximately 9:45 am, revealed Staff #1 made him aware the medications were not available in the facility on April 15, 2011. 3. Review of medical records for Residents #1, #2 and #4 on April 19, 2011 between 10:00 am and 11:00 am revealed unsigned physician's orders dated March 1, 2011 to March 31, 2011 which were effective for 90 days. Further review of physician's orders for Residents #1, #2, #3 and #4 revealed the physician's orders were signed by a LPN who was no longer employed at the facility. Interview with the Program Manager on April 19, 2011 at approximately 11:25 am, it was acknowledged Residents #1, #2 and #4 had unsigned physician's orders effective for 90 days. Further interview confirmed Residents #1, #2, #3 and #4's physician's orders were signed by a LPN who was no longer employed at the facility. 4. Review of medical records for Residents #1. #2, #3, #4, and #5 on April 19, 2011 between 11:10 am and 11:30 am revealed no evidence of signed April, 2011 physician's orders. Interview with the Program Manager on April 19. 2011 at approximately 11:35 am, it was acknowledged Residents #1, #2, #3, #4 and #5 did not have signed physician's orders in their medical records for April, 2011. 5. Review of April, 2011 MARs on April 19, 2011

on April 14, 2011.

between 10:40 am to 11:00 am revealed Resident #1's Lipitor 10 mg tablet, Magnesium gluconate 200 mg tablet Trileptal 300 mg tablet daily, Caltrate 600 mg and Naftin 1% cream, twice daily, was not documented as administered

Interview with the Program Manager on April 19, 2011 at approximately 112:35 am, revealed he was unaware Resident's #1 medications had not been documented as being administrated.

Health I	Regulation Administr	ation			-	1 Order	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HFD12-0040	ER/CLIA MBER:	(X2) MUL A. BUILDI B. WING	· · · · · · · · · · · · · · · · · · ·	(X3) DATE SU COMPLE C	TED
*****		NFU12-00-10				04/19	9/2011
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
CARLS	PLACE		404 NEW WASHING	COMB ST, STON, DC	SE 20032		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE	
· · · · · · · · · · · · · · · · · · ·	3520.13 PROFESS PROVISIONS  if a resident eviden professional service not exist, the GHMf days to show evide provision of the proin life threatening sibe made immediate.  This Statute is not Based on interview Home for Persons of (GHPID) failed to el Nutritional Services residents residents resident in #3, and #5)  The findings include Residents #2, #3, a the morning administ 19, 2011, beginning All three of the resident had no accontritionist/dietitian for the suresident had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no accontributed had no acco	ces the need for a e for which arrangements fessional service, exituations, arrangements with Intellectual Disametre (3) of the finite facility. (Resident approximately 7:3 lents appeared to be rivey revealed that the examples of the facility of the finite facility of the facility of the facility.	ents do en (14) for cept that his must en (5) ents #2, during on April 60 a.m.,.	1412	CROSS-REFERENCED TO THE APPR DEFICIENCY)  TAG 1 412 1-3  Carl's Place will work closely with the Do Disability Services Coordinator to ensure waiver services are provided and impler Place has contacted Total Care waiver in a nutritional assessment and evaluation Carl's Place. Carl's Place has hired a new LPN) the team meets monthly with the management team. The nursing team records bi-weekly and provides the CEO medical status of the residents. Complet 2011. Carl's Place has hired a Quality As to provide monitoring and systemic revibi-weekly. Completion Date: May 12, 20 Director has been hired to oversee the operations and work with the nursing temedical appointments are timely. Comp 2011. The Administrative team meets monitoring reports and address correcting Completion Date: May 12, 2011. Carl's P Standard Operating Procedures for the of Nursing/ Healthcare issues in the affect nesure the deficit areas do not occur residents. Completion Date: June 30, 20 Quality Assurance Coordinator has been oversight in the affected areas. The Quality Assurance Coordinator for Feder requirements. A team of Health Care Probeen hired to oversee the Health and Western and the coordinator conducts monthly monitoring requirements. A team of Health Care Probeen hired to oversee the Health and Western and the coordinator conducts monthly monitoring requirements. A team of Health Care Probeen hired to oversee the Health and Western and the coordinator conducts monthly monitoring requirements.	spartment of a that approve nented timely lutritionist to for the reside varients all me with updates administrative eviews all me with updates ion Date: Massurance Cookews of the residay-to-day am to ensure letion Date: Nonthly to review action plantace has developed deficit a so of revising rocedural pragain for all office of the surance to provide the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance of the surance o	ed  . Carl's conduct ents of m (RN, edical s on the y 12, rdinator cords sidential edicy 12, ew QA ess. eloped ersight reas. the ectices elocal eve
	p.m., interview with revealed that each of services from the He Waiver Program. A medicaid waiver autorevealed he had been prevocational Habili Diagnostic and Resito start April 27, 201	ly 2010.  1 at approximately 1 the Program Director of the residents received and Community, review of Resident at thorization at that times approved to receive itation, Behavior Supplication and end April 26, 25 document failed to	ved Based K2's e ve port Brvices 2011.		Residents. The team consists of RN, LPI Behavior Specialist .Carl's Place has inst administrative/management team meet the RN, LPN, Administrative Coordinator Assurance, and Residential Director to r procedures and conduct quality assuran compliance and that the residents are n outlined in their ISP's. A Quality Assuran been hired to provide oversight in the a	ituted monthlings that cons constructions, CEO, Qualitieview policies ce reviews to eceiving servince Coordinat	y sist of y s and ensure ces as or has

Health F	Regulation Administra	ation				
	TATEMENT OF DEFICIENCIES  ND PLAN DF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED C 04/19/2011
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	ORESS CITY	STATE, ZIP CODE	
IN CORP. OI I	NOTIDE! OR OUT ELL!				•	
CARLS	PLACE			COMB ST, 9 STON, DC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED TO THE AP	ULD BE COMPLETE DATE
I 412	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		i 412	Quality Assurance Coordinator conducts reviews to ensure the agency meets constate, and local requirements. Carl's Pla monthly administrative/management teconsists of the RN, LPN, Administrative Quality Assurance, and Residential Direct and procedures and conduct quality assensure compliance and that the resident services as outlined in their ISP's.	mpliance for Federal, ace has instituted am meetings that Coordinator, CEO, ctor to review policies aurance reviews to	
	2. A review of Resident #3's medicaid waiver authorization on April 19, 2011, revealed she had been approved to receive Prevocational Habilitation, Behavior Support Development and Follow-Up, and Residential Habilitation services to start August 3, 2010 and end August 3, 2011. Further review of the document failed to evidence a recommendation for any nutritional services.				·	

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A RUB DING R WING HFD12-0040 04/19/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST. SE **CARLS PLACE** WASHINGTON DC 20032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY 1412 Continued From page 12 1412 Review of the resident's medical record on the same day revealed the most recent Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 16, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium, cholesterol. The nutritional quarterly also revealed the resident weighed 182 ibs with an ideal body weight of 160 ibs. The surveyor also reviewed the resident's weight chart which revealed Resident #3 was nineteen (19 lbs) over his ideal body weight as of April 2011. At the time of the survey, there was no documented evidence that Resident #3 had received any nutritional services since July 16. 2010. 3. A review of Resident #5's medicaid waiver authorization on April 19, 2011, revealed she had been approved to receive an Initial Nutritional Assessment and four follow-up visits scheduled to start on February 23, 2010 and end on February 22, 2011. Review of the resident's medical record on the same day revealed the most recent Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 16, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium. The nutritional quarterly also revealed the resident weighed 208 lbs with an ideal body weight of 170 lbs. The surveyor also reviewed the resident's weight chart which revealed Resident #3 was thirty-seven (37 lbs) over her ideal body weight as of April 2011. At the time of the survey, there was no documented evidence that Resident #5 had received any nutritional services since July 16.

Health R	egulation Administra	ation					<del></del>	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MULT. A. BUILDIN B. WING_	• • • • • • • • • • • • • • • • • • • •	(X3) DATE SURVEY COMPLETED C 04/19/2011		
<del> </del>	<u></u>	HFD12-0040	OTDESS ASS		STATE 70 COOE	1 04/18	1/ZV11	
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE			
CARLS P	PLACE			COMB ST, S TON, DC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)	N SHOULD BE COMPLETO E APPROPRIATE DATE		
1412	Continued From pa	age 13		1412	TAG 1 473 (1-3)	!	5/31/11	
ļ	2010.				Car's Place Resident Director will ensure all medications are in the facility at all times. Carl's place will contract with a new pharmacy to ensure medications are delivered timely;			
I 473			1 473	new pharmacy to ensure medications additionally the RN will oversee medic ordering. Carl's Place has hired a new LPN) the team meets monthly with the management team. The nursing team records bi-weekly and provides the CE medical status of the residents. Compl 2011. Carl's Place has hired a Quality to provide monitoring and systemic rebi-weekly. Completion Date: May 12, 2 Residential Director has been hired to day operations and work with the nurs medical/health issues are handled in a Date: May 12, 2011. The Administration monthly to review QA monitoring repocorrective action plans. Completion D Carl's Place has developed Standard O for the day-to-day oversight of Nursing the affected deficit areas. The administrative provide oversight in the affected areas do not occur again for all residents. Co 30, 2011. Quality Assurance Coordinator provide oversight in the affected areas. Assurance Coordinator conducts month to ensure the agency meets compliance and local requirements. A team of Heal have been hired to oversee the Health Residents. The team consists of RN, LP Behavior Specialist. Carl's Place has ins administrative/management team meet the RN, LPN, Administrative Coordinator conducts and that the residents are routlined in their ISP's. A Quality Assura been hired to provide oversight in the a Quality Assurance Coordinator conduct reviews to ensure the agency meets constate, and local requirements. Carl's Place has hired to provide oversight in the a Quality Assurance Coordinator conduct reviews to ensure the agency meets constate, and local requirements. Carl's Place has hired to provide oversight in the a Quality Assurance Coordinator conduct reviews to ensure the agency meets constate, and local requirements. Carl's Place has hired to provide oversight in the affected areas.	are delivered ation delivery nursing team e administrative reviews all me O with update etion Date: Massurance Cocviews of the me 2011. A new oversee the deling team to e timely. Comprete team meets and address and address and address ate: May 12, perating Process and address and address and address for has been his. The Quality ally monitoring e for Federal, the Care Profesand Wellness N. Dietitian and tituted month tings that consor, CEO, Quality review policies and the policies of the consorting that consorting the for federal and the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of the policies of th	timely; and (RN, ve edical es on the ay 12, ordinator ecords ay-to- nsure letion s so 2011. edures is in the areas e: June ired to reviews State, ssionals of the nd iy slsts of ty s and ensure ces as or has . The aitoring federal, ted		
	2011 at approxima	Program Manager on Itely 9:45 am, reveak are the aforemention	ed Staff #1					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** COMPLETED A. BUILDING **B. WING** HFD12-0040 04/19/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST. SE **CARLS PLACE** WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) consist of the RN, LPN, Administrative Coordinator, CEO, 1473 | Continued From page 14 1473 Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to medications were not available in the facility on April 15, 2011 and he had not reported any ensure compliance and that the residents are receiving services as outlined in their ISP's. irregularities to the Primary Care Physician (PCP). Tag 1 500 (1-2) 5/31/11 Carl's Place RN will ensure that the primary care physician is There was no documented evidence the PCP notified of all mediation irregularities. Additionally, the RN was made aware of any medication irregularities. will conduct monitoring by reviewing medications monthly. The RN will ensure that the physician orders for 4/2011 are 1500 3523.1 RESIDENT'S RIGHTS 1500 signed and filed. Carl's Place will ensure that there is RN oversight of all TME's and LPN's. At no time will any Each GHMRP residence director shall ensure unlicensed staff administer medications without RN that the rights of residents are observed and supervision. Carl's Place has hired a new nursing team (RN, protected in accordance with D.C. Law 2-137, this LPN) the team meets monthly with the administrative chapter, and other applicable District and federal management team. The nursing team reviews all medical laws. records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date: May 12. 2011. Carl's Place has hired a Quality Assurance Coordinator This Statute is not met as evidenced by: to provide monitoring and systemic reviews of the records Based on observations, interviews and record bi-weekly. Completion Date: May 12, 2011. A new review, the Group Home for Persons with Residential Director has been hired to oversee the day-to-Intellectual Disabilities (GHPID) failed to observe day operations and work with the nursing team to ensure and protect residents' rights in accordance with medical issues are handled in a timely manner. The Title 7, Chapter 13 of the D.C. Code (formerly Administrative team meets monthly to review QA monitoring called D.C. Law 2-137, D.C. Code, Title 6, reports and address corrective action plans. Completion Chapter 19) and other District laws that govern Date: May 12, 2011. Carl's Place has developed Standard the care and rights of persons with mental Operating Procedures for the day-to-day oversight of retardation, for two residents residing in the Nursing/ Healthcare issues in the affected deficit areas. The Investigation. (Residents #1, #2, #3, #4, and #5) administrative team is in the process of revising the policies. training staff, and developing procedural practices to ensure The findings include: the deficit areas do not occur again for all residents. A Quality Assurance Coordinator has been hired to provide (Chapter 13, § 7-1305.05.(h) oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure 1. The GHMID failed to demonstrate protection of the agency meets compliance for Federal, State, and local all residents right to have all prescriptions for requirements .Carl's Place has instituted monthly psychotropic medications written with a administrative/management team meetings that consists of termination date, which shall not exceed 30 days. the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and a. Interview with Licensed Practical Nurse #1 procedures and conduct quality assurance reviews to ensure (LPN #1) revealed Resident #1 was prescribed compliance and that the residents are receiving services as outlined in their ISP's.

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD12-0040 04/19/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE **CARLS PLACE** WASHINGTON, DC 20032 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY DR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY 1500 Continued From page 15 1500 Seroquel XR 400 mg every evening for psychosis and agitation and Risperidone 0.5 mg tablet by mouth at bedtime for psychosis. Review of March 2011 physician's orders dated March 1-31, 2011 on April 19, 2011 between 10:00 am and 11:00 am revealed Resident #1 was prescribed the aforementioned psychotropic medications. Further review of Resident #1's medical records revealed no documented evidence of signed April 2011 physician's orders for Seroquel XR 400 mg every evening and Risperidone 0.5 mg tablet by mouth at bedtime. b. Medication observation on April 19, 2011 at approximately 7:55 am revealed LPN #1 administered Resident #2 Seroquel 50 mg tablet by mouth. Interview with LPN #1 revealed Resident #2 was prescribed Seroquel 50 mg tablet twice a day for behavior management. Review of Merch 2011 physician's orders dated March 1-31, 2011 on April 19, 2011 between 10:00 am and 11:00 am revealed Resident #2 was prescribed Seroquel 50 mg tablet twice a day for psychosis and agitation. Further review of Resident #2's medical records revealed no documented evidence of signed April 2011 physician's orders for Seroquel 50 mg twice a day. c. Medication observation on April 19, 2011 at approximately 7:35 am revealed LPN #1 administered Resident #3 Sertraline HCL 50 mg tablet by mouth. Interview with LPN #1 revealed Resident #3 was prescribed Sertraline HCL 50 mg tablet daily for depression and Zyprexia 15 mg at bedtime. Review of March 2011 physician's orders dated March 1-31, 2011 on April 19, 2011 between 10:00 am and 11:00 am confirmed Resident #3 was prescribed the aforementioned psychotropic medications. Further review of

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING HFD12-0048 04/19/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST. SE **CARLS PLACE** WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (3(5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE WPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1500 Continued From page 16 1500 Resident #3's medical records revealed no documented evidence of slaned April 2011 physician's orders for Sertraline HCL 50 mg daily and Zyprexia 15 mg at bedtime. d. Medication observation on April 19, 2011 at approximately 7:35 am revealed LPN #1 administered Resident #4 Fluoxetine 20 mg tablet by mouth. Interview with LPN #1 revealed Resident #4 was prescribed Fluoxetine 20 mg tablet daily for behavior management and Seroquel 20 mg tablet at bedtime for psychosis. Review of March 2011 physician's orders dated March 1-31, 2011 on April 19, 2011 between 10:00 am and 11:00 am confirmed Resident #4 was prescribed the aforementioned psychotropic medications. Further review of Resident #4's medical records revealed no documented evidence of signed April 2011 physician's orders for Fluoxetine 20 mg tablet daily and Seroquel 20 mg tablet at bedtime. e. Medication observation on April 19, 2011 at approximately 8:10 am revealed LPN #1 administered Resident #5 Paroxetin 20 mg tablet and Abilify 5 mg tablet by mouth. Interview with LPN #1 revealed Resident #5 was prescribed approximately 8:10 am revealed LPN #1 administered Resident #5 Paroxetin 20 mg tablet for depression and Abilify 5 mg tablet for psychosis by mouth daily. Review of March 2011 physician's orders dated March 1-31, 2011 on April 19, 2011 between 10:00 am and 11:00 am confirmed Resident #5 was prescribed the aforementioned psychotropic medications. Further review of Resident #5's medical records revealed no documented evidence of signed April 2011 physician's orders for Paroxetin 20 ma tablet and Abilify 5 mg tablet daily.

Health Regulation Administr	ation			FORM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CIDENTIFICATION NUMB	CLIA (X2) MUL ER: A. BUILDI B. WING		(X3) DATE S COMPL	SURVEY ETED
NAME OF PROVIDER OR SUPPLIER		TO-57 12			9/2011
ļ		TREET ADDRESS, CITY,			
CARLS PLACE		104 NEWCOMB ST, 1 VASHINGTON, DC	SE 20032		
i Prefix (Each Deficiency	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIO	LL PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	'ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
1500 Continued From pa	ge 17	1500			
administered only be a licensed practical  During a telephone in	to ensure medications 3, #4, and #5) were y a registered nurse (R nurse (LPN) as evidence interview on April 19, 20 ipm , Staff #1 stated sh	(N) or ced by:			
a trained Medication acknowledged admit clients at the facility 2011, (2) the mornin 2011 through April 1 of April 18, 2011. Du	n Employee (TME) and nistering medications to (1) on the evening of Apr gs and evenings of Apr 7, 2011; and (3) the moring a face to face intentions.	othe pril 14, il 15, priling			
approximately 12:55 #1 administered med aforementioned time interview revealed St	ector on April 19, 2011 p.m., it was confirmed silications on the s and dates. Further aff #1's personnel file d TME credentialing in the	Staff lid not		:	·
Review of the April, and Administration Reconstruction Reconstruction Resident revealed Staff #1 had medications on the address by signing her revealed Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Review Revi	2011 Medication ds (MARs) at approxima s #1, #2, #3, #4 and #5, documented administe orementioned times an name and initialing the	igna			
Review of Staff #1's p 2011 at approximately was no evidence of T facility. Review of the on April 19, 2011 at ar revealed Staff #1 was	ersonnel file on April 19 / 10:19 am, confirmed to ME credentialing at the D.C. TME certification approximately 1:30 p.m. not certified as a TME	here	•		
informed by the Progra was a certified TME, F	olumbia. erview with the 19, 2011 at approximate trator stated she had be am Director that Staff #' further interview reveale unaware that Staff #1 w	een   1			

Health R	egulation Administra	tion				<del></del>				
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUI	R/CLIA MBER:	O(2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		E	TED C			
		HFD12-0040				04/1	9/2011			
NAME OF P	ROVIDER OR SUPPLIER			ET ADDRESS, CITY, STATE, ZIP CODE						
CARLS F	PLACE			NGTON, DC 20032						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL ;	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(XS) COMPLETE DATE			
1 500	Columbia. There was no documere administered Trained Employees Persons of Mental	within the District of imented evidence all as set forth in the Us to Administer Medic Retardation or Other abilities Act of 1994,	er Of ations to	1 500						

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER** A. BUILDING B. WING HFD12-0040 04/19/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 404 NEWCOMB ST, SE **CARLS PLACE** WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) R 000' INITIAL COMMENTS R 000 ፍ R 000 (1-9) 5/31/11 Mid Atlantic Coordinating Center of Washington, DC failed to On April 18, 2011, the State Surveying Agency fulfill contract without giving 30 day notice, therefore leaving (SSA) received a complaint notification from the the individuals without nursing oversight. Carl's Place has Mid-Atlantic Coordinating Center of Washington since hired a RN and LPN to provide nursing oversight and DC. The complaint identified the following services. Carl's Pace will contract with a new pharmacy that concerns: will ensure that all medication orders are correct and current. Carl's Place RN will ensure all physician orders are Allegation #1: General mis-management of ! signed and dated and processed in a timely manner. Carl's medications including medication documentation. Place will work closely with the Department of Disability Services Coordinator to ensure that approved waiver Conclusion: The allegation was partially services are provided and implemented timely. Cart's Place substantiated. See | 500 has contacted Total Care waiver Nutritionist to conduct a nutritional assessment and evaluation for the residents of Allegation #2: Lack of current physician orders Carl's Place. Carl's Place has hired a new nursing team (RN, related to psychotropic medication. LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical Conclusion: This allegation was substantiated. records bi-weekly and provides the CEO with updates on the See | 500 medical status of the residents. Completion Date: May 12, 2011. Carl's Place has hired a Quality Assurance Coordinator Allegation #3: Lack of current physician orders to provide monitoring and systemic reviews of the records related to non-psychotropic medications. bi-weekly. Completion Date: May 12, 2011.A new Residential Director has been hired to oversee the day-to-day Conclusion: This allegation was substantiated. operations and work with the nursing team to ensure medical appointments are timely. Completion Date: May 12, Allegation #4: Lack of appropriate diet orders, 2011. The Administrative team meets monthly to review QA and nutritional assessments. monitoring reports and address corrective action plans. Completion Date: May 12, 2011.Carl's Place has developed Conclusion: This allegation was partially Standard Operating Procedures for the day-to-day oversight substantiated. See #1043, #1412. of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the Allegation #5: Lack of having proper policies, training staff, and developing procedural practices documentation Behavior Support Plan (BSP) to ensure the deficit areas do not occur again for all before psychotropic medications are residents. Completion Date: June 30, 2011.Quality administered. Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator Conclusion: This allegation was not conducts monthly monitoring reviews to ensure the agency substantiated. meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to Allegation #6: Allowing an unmonitored trained oversee the Health and Wellness of the Residents. The team medication employee (TME) to give medication in

lealth Regulation Administration,

tutchern ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

205511

Health	Regulation Administra	ation				FORM	APPROVED
STATEMEI AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040		ER/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(XS) DATE SURVEY COMPLETED C	
NAME OF	PROVIDER OR SUPPLIER	111 5 12-00-10	STREET AD	DRESS CIT	Y, STATE, ZIP CODE	04/1	9/2011
CARLS			404 NEW	COMB ST, STON, DC	SE		
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	ET D I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRIDEFICIENCY)	UID RE	(X5) COMPLETE DATE
	Due to the nature of the complaint and information obtained.  R 000 Continued From page 1  both facilities even though management was told on numerous occasions that the medications were possibly incorrect.  Conclusion: This allegation was substantiated. See I 500  Allegation #7: Gross lack of managerial responsibility, oversight and accountability for residents in their care  Conclusion: This allegation was substantiated. See Deficiencies cited throughout this report.  Allegation #8: Failure to provide safe medical environment to entrusted individuals and;  Conclusion: This allegation was substantiated.  Allegation #9: Lack of RN oversight.  Conclusion: This allegation was not substantiated.  Due to the nature of the complaint and information obtained from the administrative review, Health Regulation and Licensing Administration (HRLA) initiated an on-site			R 000	consists of RN, LPN, Dietitian and Behave Place has instituted monthly administrate team meetings that consist of the RN, LI Coordinator, CEO, Quality Assurance, an Director to review policies and procedure quality assurance reviews to ensure commercial residents are receiving services as outline Quality Assurance Coordinator has been oversight in the affected areas. The Qual Coordinator conducts monthly monitoring the agency meets compliance for Federal requirements. Carl's Place has instituted administrative/management team meeting the RN, LPN, Administrative Coordinator, Assurance, and Residential Director to responsedures and conduct quality assurance compliance and that the residents are recoultined in their ISP's.	rior Specialist ive/managem PN, Administrated Residential es and conduct poliance and the providing Assurance greviews to ell, State, and Imonthly logs that considered policies are reviews to eller policies are reviews to eller policies are reviews to eller policies are reviews to eller policies are reviews to eller policies are reviews to eller policies are reviews to eller policies are reviews to eller policies are reviews to eller policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies are policies	.Carl's nent ative  ct hat the P's. A ide ensure ocal sts of
	investigation on April The findings of this in interviews with direct management staff, ar and administrative re- investigation included notident management resulted in a finding the complaint were partia	vestigation were bas care staff, the agend a review of the me cords. Additionally, to a review of the facility system. The Investrat the allegations of	edical his ity's				

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING B. WING HFD12-0040 04/19/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE **CARLS PLACE** WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R 900 Continued From page 2 R 000 On April 18, 2011, the State Surveying Agency (SSA) received a complaint notification from the Mid-Atlantic Coordinating Center of Washington DC. The complaint identified the following concerns: Allegation #1: General mis-management of medications including medication documentation. Conclusion: The allegation was partially substantiated. See | 500 Allegation #2: Lack of current physician orders related to psychotropic medication. Conclusion: This allegation was substantiated. See | 500 Allegation #3: Lack of current physician orders related to non-psychotropic medications. Conclusion: This allegation was substantiated. Allegation #4: Lack of appropriate diet orders.

ealth Regulation Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA *(ATEMENT OF DEFICIENCIES* (X2) MULTIPLE CONSTRUCTION COMPLETED ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 04/19/2011 HFD12-0040 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 404 NEWCOMB ST, SE **CARLS PLACE** WASHINGTON DC 20032 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY** R 000 R 000 Continued From page 3 and nutritional assessments. Conclusion: This allegation was partially substantiated. See #1043, #1412. Allegation #5: Lack of having proper documentation Behavior Support Plan (BSP) before psychotropic medications are administered. Conclusion: This allegation was not substantiated. Allegation #6: Allowing an unmonitored trained medication employee (TME) to give medication in both facilities even though management was told on numerous occasions that the medications were possibly incorrect. Conclusion: This allegation was substantiated. See | 500 Allegation #7: Gross lack of managerial responsibility, oversight and accountability for residents in their care Conclusion: This allegation was substantiated. See Deficiencies cited throughout this report. Allegation #8: Failure to provide safe medical environment to entrusted individuals and: Conclusion: This allegation was substantiated. Allegation #9: Lack of RN oversight. Conclusion: This allegation was not substantiated.

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BLIILDING R WING HFD12-0040 04/19/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **404 NEWCOMB ST. SE CARLS PLACE** WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) R 000 R 000, Continued From page 4 Due to the nature of the complaint and information obtained from the administrative review. Health Regulation and Licensing Administration (HRLA) initiated an on-site investigation on April 19, 2011. The findings of this investigation were based on interviews with direct care staff, the agency's **TAG R 125** 5/31/11 management staff, and a review of the medical and administrative records. Additionally, this Cart's Place has submitted Criminal Background checks for all investigation included a review of the facility's jurisdictions that employees have resided in within 7 years of incident management system. The investigation employment to update all personnel files. Carl's Place resulted in a finding that the allegations of the has hired a Quality Assurance Coordinator to provide complaint were partially substantiated. monitoring and systemic reviews of the records and personnel files monthly. A new Residential Director has been R 125 R 125 4701 5 BACKGROUND CHECK REQUIREMENT hired to oversee the day-to-day operations and work with the administrative team to assure all personnel files are The criminal background check shall disclose the current and correct. The Administrative Team meets monthly to review QA monitoring reports and address corrective criminal history of the prospective employee or action plans. The administrative team is in the process of contract worker for the previous seven (7) years, revising the policies, training staff, and developing in all jurisdictions within which the prospective procedural practices to ensure the deficit areas do not occur employee or contract worker has worked or again. Quality Assurance Coordinator has been hired to resided within the seven (7) years prior to the provide oversight in the affected areas. The Quality check. Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly This Statute is not met as evidenced by: administrative/management team meetings that consists of Based on the review of personnel records, the the RN, LPN, Administrative Coordinator, CEO, Quality agency failed to ensure criminal background Assurance, and Residential Director to review policies and checks for all jurisdictions in which employees procedures and conduct quality assurance reviews to ensure had worked or resided within the seven (7) years compliance and that the residents are receiving services prior to the check, for one of the five staff from qualified staff. A Quality Assurance Coordinator has employed, (Staff#1) been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal. The finding includes: State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that A review of personnel records on April 19, 2011, consists of the RN, LPN, Administrative Coordinator, CEO, beginning at 9:50 a.m., revealed that Staff #1 Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to began employment on April 15, 2011. Further ensure compliance and that the residents are receiving review of the record revealed Staff #1 resides in quality services from qualified employees. Lusby, Md.

2CS511

Health R	Regulation Administra	ation	<del></del>	·			·····		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA WBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			ETED C		
		HFD12-0040	CTOEST ADD	T ADDRESS, CITY, STATE, ZIP CODE					
NAME OF P	ROVIDER OR SUPPLIER								
CARLS F	PLACE		404 NEWC WASHING	TON, DC 2	6032				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL ,	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
R 125	Continued From pa	nge 5		R 125					
	had not been obtain jurisdictions within	urvey, a background ned for this employed which the employee ears prior to employm	o for all resided						
	!								
			i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l						
	I								

Health Regulation Administration STATE FORM